



MADERA COUNTY ENVIRONMENTAL HEALTH DEPARTMENT CLOSURE OF FOOD FACILITY

ENVIRONMENTAL HEALTH NOTIFIED OF CLOSURE

Facility ID#: _____

TO: Madera County Environmental Health Department

FROM: Owner Name: _____

SUBJECT: Business Closure of: _____

I, Owner Name _____, no longer own or operate Business Name
_____ located at

_____. Please terminate my
health permit for this facility. Thank you.

☐ Proof of closure document shall be attached when submitting this notice for all food facilities.

☐ Cancel commissary health permit only.

Other: _____

☐ Mobile Food Facility Operation Only:

Location of stored mobile food facilities not in operation: _____

County where mobile food facilities will now operate: _____

☐ Facility is vacant

☐ Please fill out the new owner information if business was sold:

New Owner/Operator Name: _____

New Business Name: _____

New Owner/Operator Number: _____

New Owner/Operator Address: _____

Mailing Address of Current Owner for Account Receivables:

Address: _____ City: _____ ST: _____ Zip: _____

Home/Cell Phone: () _____ Work Phone: () _____

Driver's License Number: _____ Tax ID Number: _____

Owner Signature

Date

ENVIRONMENTAL HEALTH USE ONLY

Verification of ID: ☐ Driver License ☐ California ID ☐ Mexico ID (MFF only)

Identification Number: _____ Verified by: _____

Received by: _____ Date Stamp